MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 27 1930

Do not use this space.

13555

1. PLACE OF DEATH
County Pettis — Registration District No. 665
Township — Primary Registration District No. 3032
City Sedalia (No. ..... St. ..... Ward) — File No. ..... Registered No. 92

2. FULL NAME Thomas J Williams
(a) Residence. No. 410 So Hancock St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Leona Dell Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary
(c) Name of employer: School

9. BIRTHPLACE (CITY OR TOWN) Clarksburg (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Abraham Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moniteau Co. (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Rhoda Allison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Moniteau Co. (STATE OR COUNTRY) Mo

14. INFORMANT: Ella Williams (Address) Sedalia Mo

15. FILED 4-3, 1930 — J. L. Love, REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 24 1930, to April 2 1930, that I last saw h in alive on April 1 1930, and that death occurred, on the date stated above, at 4 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular insufficiency
mitral
4 L B
4 2 B About (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Sarcoma of Pedoras
(duration) 0 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4-4-B
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) A L Pollard, M. D.
4/3 1930 (Address) Sedalia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Clarksburg Mo	April 3 1930
20. UNDERTAKER: McLaughlin Bros	ADDRESS: Sedalia